



## PATENT APPLICATION FEE DETERMINATION RECORD

Application or Docket Number

| Effective December 8, 2004  |  |   |  |                                |              |                                     |             |                     | 304 19 1/345/27        |           |                            |                        |
|---|--|---|--|--------------------------------|--------------|-------------------------------------|-------------|---------------------|------------------------|-----------|----------------------------|------------------------|
| CLAIMS AS FILED - PART I  (Column 1) (Column 2)   |  |   |  |                                |              |                                     | _           | SMALL ENT           | TITY                   | OR        | OTHER<br>SMALL I           |                        |
| U.S   | . ŅATIONAL                                     | STAGE FEES                                |  |                                |              |                                     |             | RATE                | FEE                    |           | RATE                       | FEE                    |
| BASIC FEE   |  |   | SMALL ENT.                                 | = \$ 150                       | LARG         | GE ENT. = \$ 300                    |             | BASIC FEE           | 150                    | OR        | BASIC FEE                  |                        |
| EXAMINATION FEE   |  |   | Satisfies PCT A<br>(4) = \$50              |                                |              | ther situations =<br>5 100 / \$ 200 |             | EXAM. FEE           | 100                    | 1         | EXAM. FEE                  |                        |
| SEARCH FEE  |  |   | U.S. is ISA = \$ ALL other cou \$ 200 / \$ | intries =                      |              | ther situations = 5 250 / \$ 500    |             | SEARCH FEE          | 50                     |           | SEARCH FEE                 |                        |
| FEE FOR EXTRA SPEC. PGS.  |  |   | minu                                       | us 100 =                       | / 50 =       |                                     |             | X \$ 125 =          |                        |           | X \$ 250 =                 |                        |
| TOTAL CHARGEABLE CLAIMS   |  |   | 20 mir                                     | nus 20 =                       | *            |                                     |             | X \$ 25 =           |                        | OR        | X \$ 50 =                  |                        |
| INDEPENDENT CLAIMS  |  |   | 5 m  | inus 3 =                       | * 6          | <del>ک</del>                        |             | X \$ 100 =          | 200                    | ÖR        | X \$ 200 =                 |                        |
| MUL   | TIPLE DEPEN                                    | DENT CLAIM PR                             | ESENT                                      |                                |              |                                     |             | + \$ 180 =          | 3                      | OR        | + \$ 360 =                 |                        |
| * If the difference in column 1 is less than zero, enter "0" in column 2  |  |   |  |                                |              |                                     |             | TOTAL               | 500                    | OR        | TOTAL                      | ·                      |
| CLAIMS AS AMENDED - PART II  (Column 1) (Column 2) (Column 3)   |  |   |  |                                |              |                                     | 1           | SMALL ENTITY        |                        |           | OTHER THAN<br>SMALL ENTITY |                        |
| AMENDMENT A   |  | REMAINING<br>AFTER<br>AMENDMENT           |  | NUM<br>PREVIO<br>PAID          | BER<br>OUSLY | PRESENT<br>EXTRA                    | <b>3</b> ,, | RATE                | ADDI<br>TIONAL<br>FEE  | ALP COURT | RATE                       | TIONAL<br>FEE          |
|   | Total  | *   | Minus                                      | **                             |              | =                                   |             | X \$ 25 =           |                        | OR        | X \$ 50 =                  |                        |
|   | Independent                                    | *   | Minus                                      | ***                            |              | =                                   |             | X \$ 100 =          |                        | OR        | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                |              |                                     |             | + \$ 180 =          |                        | OR        | + \$ 360 =                 |                        |
|   |  |   |  |                                |              |                                     |             | TOTAL ADDIT.<br>FEE |                        | OR        | TOTAL ADDIT.<br>FEE        |                        |
| (Column 1) (Column 2) (Column 3)  |  |   |  |                                |              |                                     |             |                     |                        |           |                            |                        |
| AMENDMENT B   |  | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |  | HIGH<br>NUMI<br>PREVIO<br>PAID | BER<br>DUSLY | PRESENT<br>EXTRA                    |             | RATE                | ADDI-<br>TIONAL<br>FEE |           | RATE                       | ADDI-<br>TIONAL<br>FEE |
|   | Total  | *   | Minus                                      | **                             |              | =                                   |             | X \$ 25 =           |                        | OR        | X \$ 50 =                  |                        |
|   | Independent                                    | *   | Minus                                      | ***                            |              | =                                   |             | X \$ 100 =          |                        | OR        | X \$ 200 =                 |                        |
|   | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM |   |  |                                |              |                                     |             | + \$ 180 =          |                        | OR        | + \$ 360 =                 |                        |
|   |  |   |  |                                |              |                                     |             | TOTAL ADDIT.<br>FEE |                        | OR        | TOTAL ADDIT.<br>FEE        |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than '20', enter "20". |  |   |  |                                |              |                                     |             |                     |                        |           |                            |                        |

\*\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than '3', enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

FORM PTO-875 (Rev. 02/2005)